

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

POLICY 91-001

(Adopted January 9, 1991)

BOARD PROCEDURE REGARDING REQUEST FOR WAIVER OF 243 CMR 2.03(1)(B):  
FULL LICENSURE

In situations where an applicant cannot comply with 243 CMR 2.03(1)(b), requiring substantial equivalency of medical school education, the applicant must submit a waiver request pursuant to 243 CMR 2.03(4).

In order for the Board to grant such a waiver request, section 2.03(4), incorporating by reference M.G.L. c.112, § 2, requires that the Board determine that the applicant's course of medical education is substantially equivalent, in its entirety, to a U.S. medical school graduate's education. In addition, the Board must determine that the licensure of this applicant would not impair the public health, safety, and welfare. It is the applicant's responsibility to demonstrate s/he is qualified under both of these standards.

The Licensing Committee will review each such application on a case-by-basis. The assessment and determination of the applicant's equivalency of complete medical education may include, but not be limited to the following factors:

1. Quality of basic science education
2. Quality of clinical clerkship experience (evaluations required)
3. Number of years and quality of post-graduate training (evaluations required)
4. Number of years and quality of post-training practice (evaluations required)
5. Licensure in other states
6. American Specialty Board Certification
7. Other distinctions: honors, awards, publications
8. Results of SPEX exam ( applicable only in certain cases)

9. Licensing Committee recommendation from personal interview with applicant (interview to include, but not be limited to, inquiry regarding the applicant's education, professional commitment and assessment of communication skills).

The Licensing Committee will evaluate the application with attention to these factors, as well as any other relevant information, and, in its discretion, recommend approval or denial of the license application to the full Board.

APPLICANT'S NAME \_\_\_\_\_

## FORM J: WAIVER REQUEST

**Complete each section below. DO NOT cross-reference to other documents. If you need more space to complete the information, you may attach additional sheets as needed. Please type your answers or print clearly.**

1. List the Board licensing requirement(s) for which you are seeking a waiver:

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2. List **all** institutions where medical school basic science education was completed (include location of each institution):

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3. List **all** institutions where you obtained Clinical experience while in medical school; include location of institution, starting and ending dates, and total number of weeks for each rotation and field of clinical experience.

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APPLICANT'S NAME \_\_\_\_\_

4. List **all** post-graduate training institutions, field of specialty, location of institution, length of training program, and whether the institution had an ACGME-approved program in the field specified. Also, you **must** have a copy of the Board's Evaluation Form (attached) completed by your supervisor at **EACH** program, and have the evaluation(s) submitted **directly** to the Licensing Division at the Board of Registration in Medicine. The Board encourages submission of additional, specific evaluations and letters of recommendations.

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5. List **all** post-training experience, including location, nature of practice, length of time of practice. Also you **must** have a copy of the Board's Evaluation form completed by a physician supervisor or close peer physician from **EACH** practice site, and have the evaluation(s) submitted **directly** to the Licensing Division at the Board of Registration in Medicine. The Board encourages submission of additional, specific evaluations and letters of recommendation.

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6. List **all** states in which you have held full licensure (use abbreviations). If you do not have “good standing” status in any state in which you are licensed or have been licensed, you **must** also indicate that here.

NAME OF STATE: \_\_\_\_\_

LICENSE STATUS (current or inactive): \_\_\_\_\_

7. List certifications(s) by American Specialty Boards, with date of your certification(s).

Name of Specialty Board: \_\_\_\_\_ Date Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Specialty Board: \_\_\_\_\_ Date Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. List honors awards received, publications, and other distinctions here (attach copies):

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9. Indicate SPEX exam results (if taken): \_\_\_\_\_

APPLICANT’S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR BOARD USE ONLY:**

Date of Interview by Licensing Committee: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for requesting Massachusetts Licensure: \_\_\_\_\_

Comments:

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Licensing Committee Recommendations: \_\_\_\_\_

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\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Board Members: \_\_\_\_\_

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